Improving Maternal Mental Health: Implementation of a Standardized Postpartum Depression and Anxiety Screening Program

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BACKGROUND

- 1 in 5 women will experience symptoms of a perinatal mood and anxiety disorder.
- 50% of these women are never identified due to insufficient screening processes.
- Patients with a positive perinatal depression screen are 26 times more likely to screen positive for perinatal anxiety.
- Several professional organizations recommend screening concurrently for both perinatal anxiety and depression.

(Accortt et al., 2022; ACOG, 2023; Howard et al., 2023)

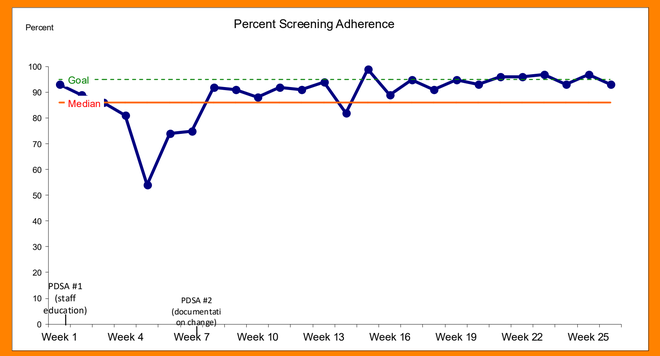
LOCAL PROBLEM

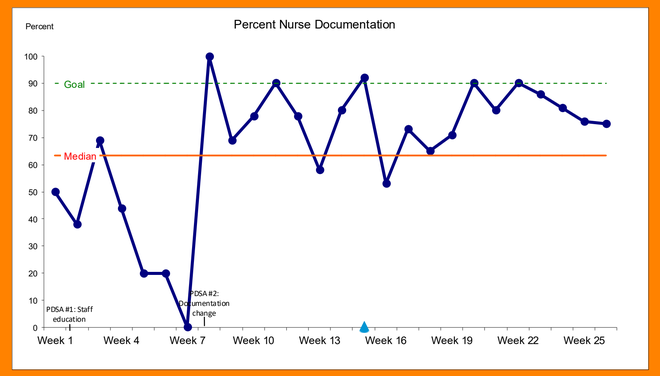
- There was a lack of awareness regarding available behavioral health resources, as well as a shortage of behavioral health providers in Tennessee.
- There were reports of fragmented care between obstetric and behavioral health providers in the state.
- 1/3 of all pregnancy-related deaths were attributable to behavioral health conditions in Tennessee in 2021. (TDH, 2023)

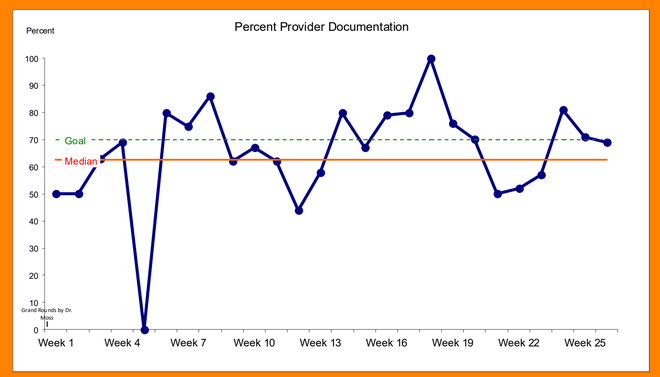
METHODS

- The project was guided by the Evidence-Based Practice Improvement (EBPI) Model
- Literature search and critical appraisal of research and non-research evidence.
- Implementation of the EPDS Screen and a Provider Notification Algorithm
  - ✓ Screening adherence rate for both anxiety and depression
  - ✓ Rate of positive anxiety and/or depression screens
  - ✓ Rate of proper provider notification
  - ✓ Rate of provider documentation of patient evaluation

Screening new mothers for depression and anxiety with the EPDS before hospital discharge is an efficient and cost-effective way to identify those at risk for perinatal mood disorders (PMADs).







Scan for references

INTERVENTIONS

- Use the Edinburgh Postnatal Depression Scale (EPDS)
- Total score ≥ 10 OR sum of questions #3, #4, and #5 ≥ 5 OR answer "yes" to question #10 = + screen.
- The provider came to the patient's bedside and evaluated symptom severity prior to hospital discharge.
  - ✓ Provider was to document patient evaluation following a positive PMAD screen.
  - ✓ Patients with a positive screen were encouraged to follow-up in clinic in 1-2 weeks after hospital discharge.

RESULTS

- 91% of postpartum patients were screened for PMADs.
  - ✓ 12% of missing PMAD screens were a result of missing anxiety scores.
- Nurses documented appropriate notification to providers after a positive PMAD screening at a rate of 64%.
- Providers documented patient evaluation after a positive PMAD screen at a rate of 65%.
- Positive depression rate: 8.2%
- Positive anxiety rate: 19%
- Co-occurrence positive depression/anxiety rate: 36%

CONCLUSIONS

- More patients with postpartum anxiety are being identified before leaving the hospital, allowing for faster access to mental health care.
- Ongoing communication is needed to create a standard process for notifying providers during night shifts.
- Continue to monitor provider notifications and documentation of patient evaluations.
- Screening for perinatal depression and anxiety before discharge will help identify at-risk patients sooner, before their follow-up visits.

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